



Record and Return to:

File No: _____

Permit No. _____

Key No. _____

Tax Folio/Parcel ID: _____

NOTICE OF COMMENCEMENT

State of _____

County of _____

THE UNDERSIGNED hereby gives notice that improvement will be made to certain, and in accordance with Chapter 713, Florida State Statutes, the following information is provided in this Notice of Commencement:

1. Description of Property: Parcel No.: _____
(Legal description of the property and street address if available)

2. General Description of Improvement: _____

3. Owner Information: Name: _____

Address: _____ City _____ State _____ Zip _____

Interest in Property: _____

Name and Address of Fee Simple Titleholder (If other than owner) : _____

4. Contractor: Name: _____

Address: _____ City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

5. Surety: Name _____ Amount of Bond: \$ _____

Address: _____ City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

6. Lender: Name: _____

Address: _____ City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)(7), Florida Statutes. Name: _____

Address: _____ City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

8. In addition to himself or herself, Owner designates _____ of _____, _____ to receive a copy of the Leinor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

9. Expiration date of Notice of Commencement (the expiration date is 1 year of recording unless a different date is specified.) _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SEC 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager _____

Signatory's Title/Office _____

State of Florida

County of Citrus

The forgoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, as
(Name of Person)

_____ for _____
(Type of authority e.g., office, trustee, attorney in fact) (Name of party on behalf of who instrument was executed)

Signature of Notary _____

Print, Type or Stamp Name of Notary _____

Personally known _____ OR Produced Identification _____

Type of Identification Produced: _____

Verification pursuant to Section 92.525, Florida Statutes: under Penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Signature of Natural Person Signing Above _____